

# **SCHEDULE A (FEC Form 3 )** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 / 293

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Bera for Congress

**A.**

Full Name (Last, First, Middle Initial)

Janine Bera

Mailing Address 6107 Pirate Point Ct.

City

Elk Grove

State

CA

Zip Code

95758

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Kaiser Permanente

Occupation  
Physician

Receipt For: 2012

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

4800.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 0 3 / 2 0 1 1

Transaction ID: INCA8349

Amount of Each Receipt this Period

2400.00

**B.**

Full Name (Last, First, Middle Initial)

Janine Bera

Mailing Address 6107 Pirate Point Ct.

City

Elk Grove

State

CA

Zip Code

95758

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Kaiser Permanente

Occupation  
Physician

Receipt For: 2012

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

4800.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 0 3 / 2 0 1 1

Transaction ID: INCA8350

Amount of Each Receipt this Period

2400.00

**C.**

Full Name (Last, First, Middle Initial)

Kanta B. Bera

Mailing Address 5342 Duke Dr.

City

La Palma

State

CA

Zip Code

90623

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
n/a

Occupation  
Retired

Receipt For: 2012

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 0 5 / 2 0 1 1

Transaction ID: INCA8401

Amount of Each Receipt this Period

2500.00

**SUBTOTAL** of Receipts This Page (optional) .....

7300.00

**TOTAL** This Period (last page this line number only) .....